

**OPTI-VISION**  
Survey Card

Dear Cardholder:

As part of our ongoing effort to ensure patient satisfaction, NVA is requesting that you complete and return this postage paid card. THANK YOU.

**CARDHOLDER NAME:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**CARDHOLDER SS#:** \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

**DATE OF SERVICE:** \_\_\_\_\_

**NVA PROVIDER UTILIZED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Town

State

Please indicate the amount you paid for each service:

Examination: \$ \_\_\_\_\_

Lenses: \$ \_\_\_\_\_

Tonometry: \$ \_\_\_\_\_

Frames: \$ \_\_\_\_\_

Lenses:  Glass

Plastic

Single Vision

Bifocal

Trifocal

Frames: \_\_\_\_\_

Manufacturer

Style

Lenses Options (if any) \_\_\_\_\_

Additional Comments: \_\_\_\_\_



**NATIONAL VISION ADMINISTRATORS**  
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